



August 1996

STATE OF TENNESSEE DIVISION OF UNDERGROUND STORAGE TANKS

APPLICATION TO TREAT PETROLEUM CONTAMINATED SOIL BY MOBILE THERMAL TREATMENT

The Responsible Party (RP) of the underground storage tank (UST) system shall submit the **original** application to the appropriate Division of Underground Storage Tanks field office. Approval must be obtained prior to treatment. Tennessee Code Annotated (T.C.A.) §68-215-103(16) defines Responsible Party (RP) as the owner and/or operator of a petroleum site or any person who at the time of the release which caused the contamination was an owner and/or operator of a petroleum underground storage tank.

REQUIREMENTS:

1. The application shall be submitted within 45 days of the laboratory analysis being performed or the UST system removal. Treatment shall be implemented within 30 days from the approval. Technical Guidance Document-005 shall be followed prior to and after treatment.
2. Contaminated soil shall be treated on the site of generation or on a site owned by the RP or a subsidiary of the RP. A copy of the approved application shall be kept by the RP. The RP shall contact the Division of Solid Waste Management (SWM) to obtain a Solid Waste Processing Facility Permit for soil treated on a site owned by a Third Party
3. The Division will not approve the treatment of petroleum contaminated soil within 100 feet of any residence, business or other place of human occupancy.
4. In zoned areas, the local Zoning Board shall be contacted to determine if the treatment site is acceptable.
5. An impermeable barrier shall be placed between the contaminated soil and the ground surface. Asphalt and concrete are not impermeable barriers. The barrier shall prevent contamination of the surrounding area. The perimeter shall be bermed to prevent surface runoff.
6. The untreated soil pile shall be covered with plastic prior to precipitation events.
7. **A SITE MAP IS REQUIRED. THE APPLICATION WILL NOT BE PROCESSED WITHOUT ONE.** The site map must include the location and size of the treatment area; the location of any nearby residence, business, or other dwelling; and any nearby water body (e.g. streams, creeks, ponds, etc.).
8. The most cost efficient method shall be used for soil treatment.

APPROVAL OF THIS APPLICATION IS FOR SOIL TREATMENT BY MOBILE THERMAL TREATMENT ONLY. All fund eligible activities shall be reasonable and justifiable in order to receive reimbursement from the Petroleum Underground Storage Tank Fund.

Date_____

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COMPLETE THE FOLLOWING:

1. Facility ID Number: __-__ __ __ __ __ __
2. RP of the UST System: _____
Phone Number: (____)____-_____
3. Facility generating the contaminated soil: _____
Address: _____
4. Name of company providing mobile thermal treatment _____
Address _____
5. Property owner of the treatment site: _____
6. If treatment site is other than site of generation, deed is attached. Yes____
7. Address of the treatment site: _____

8. Estimated quantity of contaminated soil: _____cubic yards
9. Distance to nearest residence, business, or other place of human occupancy: _____feet.
(Not within 100 feet)
10. Area zoned. Yes ____ No ____
Treatment site zoning: _____
11. Zoning agency contacted:
Person contacted _____
Office _____
Date _____

The zoning agency allows the treatment of petroleum contaminated soil on this property.
Yes____ No____

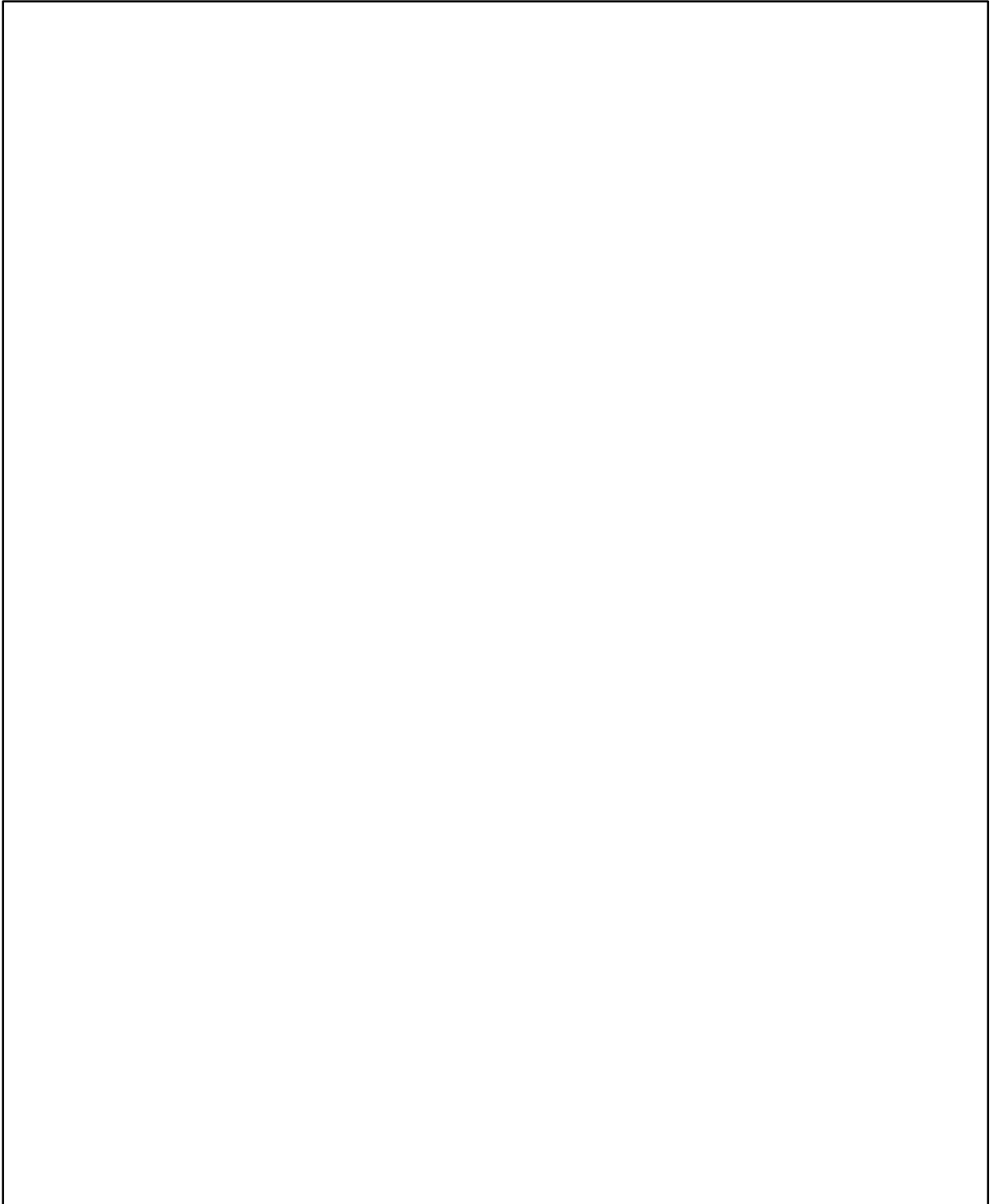
Application to Treat Petroleum Contaminated Soil By
Mobile Thermal Treatment

Facility ID #__-__ __ __ __ __ __

Date_____

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12. The space provided below is for the site map. Refer to item 7 of the Requirements.

A large, empty rectangular box with a thin black border, intended for a site map. It occupies the majority of the lower half of the page.

Application to Treat Petroleum Contaminated Soil By
Mobile Thermal Treatment

Facility ID #__-__ __ __ __ __ __

Date_____

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Signature Page

A signature page, as shown below shall be attached to the *Application to Treat Petroleum Contaminated Soil*. The page shall be signed by the RP (or authorized representative within the organization) and a registered professional geologist under the Tennessee Geologist Act (T.C.A. § 62-36-101 et seq.), or registered professional engineer under the Tennessee Architects, Engineers, and Landscape Architects, and Interior Designers Law and Rule (T.C.A. § 62-2-101 et seq.).

We, the undersigned, certify under the penalty of law, including but not limited to penalties for perjury, that the information contained in this report form and on any attachments is true, accurate and complete to the best of our knowledge, information and belief. We are aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for intentional violations.

_____ UST System RP or RP's authorized representative (Print name)	_____ Signature	_____ Date
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Title (Print)

_____ P.E. or P.G. (Print name)	_____ Signature	_____ Date
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TN Registration #

Note: Each of the above signatures shall be notarized separately with the following statement.

STATE OF _____ COUNTY OF _____

Sworn to and subscribed before me by _____ on this date _____. My commission expires _____.

_____ Notary Public (Print Name)	_____ Signature	_____ Date
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Stamp/Seal